E-Teacher Scholarship Program 2013-2014
Application Form

**Please return the completed form by e-mail to ExchangeProgramsSaudiArabia@state.gov
by no later than Saturday July 6, 2013**

--Hand written forms will not be accepted--

1- Have you ever participated in the E-Teacher Scholarship Program? If yes, which course and what year?

Course: **Year**:

2- Please list the top three courses you'd like to participate in and the preferred starting term. Please note that you may not be selected for your first choice:

1.

2.

3.

3- Personal Data:

Full name (First, Middle, Last):

Title: (Mr., Ms., Mrs., Dr., etc.):

Nationality:

4- Contact Information:

Street/Apartment/Suite:

City:

Country:

Postal Code:

Office Telephone Number: (Please provide country and area codes and extension if there is one)

Home Telephone Number (Please provide country and area codes)

Fax:

E-mail Address 1:

E-mail Address 2:

Mobile Number:

5- **Current Position**:

Dates		Position	Institution	Responsibilities
from	to			

6- **Concurrent Positions: (if any)**

Dates		Position	Institution
from	to		

7- **Previous Positions**:

Dates		Position	Institution
from	to		
from	to		
from	to		
from	to		
from	to		

8- **Publications or Academic Presentations:** (Please list the three most recent ones)
1.
2.
3.

9- **Memberships**:
1.
2.
3.

10- **Educational Background**:

Dates		Degree/ Area of Specialization	Academic Institution
from	to		
from	to		
from	to		
from	to		

11- **Statement of Purpose:**

Please state why you are interested in participating in the E-Teacher Scholarship Program. Indicate what impact your participation in this program would have on your institution/region, and how you expect to put to good use, in the short or long term, the knowledge acquired in this course. (500 words maximum)